



DEEP SOUTH DRESSAGE AND COMBINED TRAINING ASSOCIATION (DSDCTA)  
JUNIOR/YOUNG RIDER SCHOLARSHIP PROGRAM

The DSDCTA has elected to establish a scholarship program for Junior/Young Riders who are working to sharpen their equestrian skills. The objective of the grant is to enable the JR/YR dressage rider to take some concentrated instruction to further or meet specific goals that might not be otherwise financially available.

We are looking for thinking, purposeful young riders who have set specific riding/training goals and have demonstrated a commitment to attaining those goals. Grants of up to \$150 will be offered – the number of grants to be provided each year will be based on availability of funds and eligibility of applicants, and ultimately the decision of the DSDCTA Board of Directors.

It is a requirement that recipients of the scholarship 1) be current members of the DSDCTA, 2) be age 21 years or younger, 3) write an article for the TEMPO newsletter or the DSDCTA website summarizing their accomplishments and acquired knowledge related to the scholarship, 4) give a verbal report at a DSDCTA meeting (Board, membership or awards meeting) following their training experience.

The grant amount will be up to \$150, and will be sent directly by DSDCTA to the trainer with whom the recipient will be working.

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JUNIOR/YOUNG RIDER SCHOLARSHIP PROGRAM  
Application Form

Name:

Street address:

State:                      Zip:

Phone:

Fax:

Email:

Statement: I confirm that I comply with all of the requirements of this program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check off each item as you complete it. Do not skip any item. Include this sheet with your applications.

1. \_\_\_\_\_ Complete this cover sheet. This will be page 1 of your application.
2. \_\_\_\_\_ Please present a training plan with definite areas you wish to achieve during this time. What are your expectations in working with your trainer? What will be different in your training plans from what you normally do in your regular training? Please provide a budget of how the money will be spent (e.g. 3 lessons at \$75 per 45 minutes, scheduled over a three-day clinic, etc.)
3. \_\_\_\_\_ Please name the trainer/clinician you plan to work with along with their contact information. Give the anticipated date or season, if known, for your training.
4. \_\_\_\_\_ Include a letter from the trainer/clinic organizer who will work with you to verify that you are accepted for training, and that the training fee expected will be \$\_\_\_\_\_.
5. \_\_\_\_\_ Provide a brief summary of your dressage experience. List names of horses ridden, level/s ridden, awards received, and educational activities (clinics, symposiums, USDF University session). Include dates and names of presenters and whether you were mounted or an auditor.
6. \_\_\_\_\_ Please give your volunteer history with DSDCTA, your local chapter, and/or other equestrian organizations for at least 3-5 years, starting with your present activity.
7. \_\_\_\_\_ Please provide any further information which you think the committee will find helpful in making a decision.